



DEBRA BOWEN | SECRETARY OF STATE
STATE OF CALIFORNIA | ELECTIONS

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REQUEST FOR MONTHLY VOTER REGISTRATION INFORMATION
NON-DMV NVRA COVERED AGENCY OFFICES

RESPONSE REQUESTED BY May 27, 2008

Please indicate the number of voter registrations, *by categories*, you received from **NON-DMV NVRA COVERED AGENCY OFFICES*** in your county during the month of:

APRIL 2008

NAME OF COUNTY: _____ **KERN** _____

- Voter Registration at all public assistance agencies mandated as registration sites under NVRA _____ **2** _____.
- Voter Registration at all state-funded agencies primarily serving persons with disabilities _____ **0** _____.
- Voter Registration at all armed forces recruitment offices _____ **0** _____.
- Voter Registration at all other agencies designated by the State and not required under NVRA _____ **0** _____.

CONTACT PERSON: _____ **SARAH WEBB** _____

PHONE NUMBER: _____ **661-868-3719** _____

E-MAIL ADDRESS: _____ **WEBBSE@CO.KERN.CA.US** _____

If you have any questions, please feel free to contact me at (916) 657-2166. Please email your response to me at irene.capps@sos.ca.gov or FAX your completed form to me at **(916) 653-3214**. Thank you!

*This includes applications for new service or renewals from various social services agencies, including food stamps, AFDC, IHSS, MediCal, and Women and Infant Children programs (WIC), welfare services, rehabilitation and those serving the disabled population, Independent Living Centers, military recruitment, Franchise Tax Board, Board of Equalization, Social Security, and Department of Mental Health.